		5/31/00) Department of Child Support S					1410	Page 1 of 1 Pages																	
CLAIMANT'S NAME								SSN OR EMPLOYEE NUMBER DEPARTMENT																	
Jan C. Sturla								Child Support Services																	
POSITION CB/ID NUMBER							DIVISION OR BUREAU						INDEX NUMBER												
Director Exempt							Executive						1110												
RESIDENCE ADDRESS								HEADQUARTERS ADDRESS						TELEPHONE NUMBER											
							11120 International Drive						916 464-5300												
CITY STATE ZIP					ZIP COD			CITY			STATE				ZIP CODE										
								o Cordo				CA			95741										
(1) MONTH/YEAR (3)			(4) (5) MEAL		.S 0.T., L/T		(6)	(7) TRANSPORTATION (A) (B) (C)			[]			(8)		(9)									
(2) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO.	INCIDEN- TALS			CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		CAR	BUSINE											
	12:00	925 L Street Sacramento							РС	13.50	10)	\$5.50				9.00								
													\$0.00			\$	0.00								
													\$0.00			\$	0.00								
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													\$0.00			\$	0.00								
													\$0.00			\$	0.00								
													\$0.00			\$	0.00								
													\$0.00		-		0.00								
(10) Subtotals			0.00	0.00	0.00	0.00	0.00	0.00		\$13.50		-	\$5.50		0		9.00								
											С	LAI	M TOT	ΓAL		\$19	0.00								
6/03/09	Attende	FTRIP, REMARKS AND DETAILS (Atta	Associatio	n Board	Meetin	g in Sacramer		Language	J on J	Langur	uz Jon	10	- Language	lon.	Langua	uz Izoz									
(12) NORMAL WORK HOURS			PCA	PROJ	IEUI		OR1 AO	AWOUNT	ORJ	1UOMA OA	AT OB)	AU	AMOUNT	OR1 V	AIVIOUN	1101	AL								
(13) PRIVATE VEHICLE LICENSE NO.			41110			PHASE								\vdash	+	+	\dashv								
														\Box		T	\top								
(14) MILEAGE RATE CLAIMED																									
\$0.55																									
AG		COUNTING OFFICE USE ONLY																							
	PAID B	Y REV. FUND CHECK NO.																							
			TOTALS																						
exceed th	e minimun	RTIFY That the above is a true statement in rate, I certify that the cost of operating to a safety and seat belt usage.																							
pertaining to vehicle safety and seat belt usage. CLAIMANT'S SIGNATURE						DATE	(F16) SIGI	NATURE OF	OFFIC	ER APPROV	ING TRAVE	L AND	D PAYMEN	(F16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE											

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES

MAIL STATION

MS 10

DATE